



SPILL NOTIFICATION MEMORANDUM

From: _____ **Date:** _____
(Name)

(Address)

(City, State and ZIP Code)

Re: UNAUTHORIZED SPILL NOTIFICATION: ☐ Reclaimed Water ☐ Wastewater

Facility/System Name: _____ MCESD Permit Number: _____

Contact Person Name: _____ Contact Person Title: _____

Telephone: _____ E-mail Address: _____

An unauthorized spill/discharge which occurred from the wastewater treatment facility or collection system or the reclaimed water distribution system or recharge/reuse site is specified below:

Date: _____ **Time:** _____ **Volume:** _____
(From – To) (From – To) (Gallons)

Location(s): _____
(Address or Cross Streets)

Spill Related To: ☐ Manhole ☐ Gravity Sewer ☐ Force Main ☐ RW Pipeline ☐ Other: _____
☐ Lift Station ☐ Treatment Plant ☐ Recharge Site ☐ Reuse Site

Agencies Notified: ☐ EPA ☐ ADEQ ☐ ACC ☐ Municipality: _____ ☐ Other: _____

Discharge reached “waters of the U. S.”? No / Yes **Name of Receiving Stream:** _____

Was the U.S. EPA notified of the spill (required if it reached “waters of the U.S.”)? No / Yes

When and how did you become aware of the discharge? _____

What caused the discharge? _____

What remediation/mitigative/corrective actions have been undertaken? _____

